

State of Nevada
Board of Cosmetology
1785 E. Sahara, #255
Las Vegas, NV 89104
Phone (702) 486-6542
Fax (702) 369-8064



State of Nevada
Board of Cosmetology
4600 Kietzke Lane Bldg O Suite 262
Reno, NV 89502
Phone (775) 688-1442
Fax (775) 688-1441

CERTIFICATION REQUEST FORM

Enclose the **\$10.00** fee for the certification. (**Money order or Cashier's check only**) **NO PERSONAL CHECKS OR CASH.**

IMPORTANT! ORIGINAL CERTIFICATIONS WILL ONLY BE SENT TO STATE BOARDS

DATE: _____

I am requesting a certification of my Nevada licensing records to be sent to the State of _____.
I am also requesting a copy to be sent to me ☐ Yes ☐ No

The following is information needed to properly insure that your records are pulled to obtain the certification:

My full name: _____

My current address: _____

My birth date: _____ Phone #: _____ Social security number: _____ - _____ - _____

I hold a license as: _____ and my PN# is: _____ (the number in the box just above your picture)

Cosmetologist
Hair designer
Nail Technologist
Aesthetician
Electrologist
Instructor

My license expires: _____

Would you like your Nevada exam dates and scores included: ☐ Yes ☐ No

Other names I've used are: _____

I don't have a license, but I do want a certification of my hours in Nevada: ☐ Yes ☐ No

The name of my beauty school: _____ City: _____

Dates attended: _____ Approximate hours: _____ Date Graduated: _____

Language of Test: ☐ English ☐ Spanish ☐ Vietnamese ☐ Korean ☐ Other

Signature: _____

****Please allow up to 30 days for processing****

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FOR OFFICE USE ONLY BELOW THIS LINE
.....

Date: _____

Paid: _____

Payment Type: _____

Entity # _____

File # _____

Receipt # _____